

MASSACHUSETTS STATE RACING COMMISSION

c/o Wonderland Park
190 V.F.W. Parkway
Revere, MA 02151
FAX # (781) 289-1410

c/o Raynham Park
P.O. Box 172
Raynham, MA 02767
FAX# (508) 828-3949

License

Receipt No. _____ Inspector _____

____ Cash / Check _____ Date _____

FOR OFFICIAL USE

2005**KENNEL NAME \$60****GREYHOUND RACING
LICENSE APPLICATION**

Fee must accompany this application.
Make check payable to **M.S.R.C.**

All the below parties must be currently licensed owners.

DATE _____

To the Massachusetts State Racing Commission:

Dear Sirs:

I hereby register the following kennel name:

KENNEL NAME _____**PARTIES OF THE KENNEL****NAME****ADDRESS**

**A FALSE ANSWER TO AN QUESTION IN THIS APPLICATION
CONSTITUTES GROUNDS FOR SUSPENSION OR REVOCATION OF YOUR LICENSE.****NOTICE:**

Section 205 CMR 5.00 Rules of Greyhound Racing Section 5.01.

"All licensees are participants are charged with the knowledge of the rules and regulations of this commissions".

NOTICE:

Pursuant to M.G.L. 62C, sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief,
Have filed all state tax returns and paid all state taxes required under law.

JUDGES RECOMMENDATIONS

License applied for expires December 31st year of issue**SIGNED UNDER THE PENALTY OF PERJURY****X**

Signature of applicant

DATE _____